

Standard Operating Procedures
Chapter 03 Operations
03.06.13

Patient Care and Scene Safety Policy and Procedures

Policy

Patient safety and the safety of all Toronto EMS staff are of utmost priority. The purpose of the policy is to ensure that paramedics can safely provide prompt and effective patient care.

1. Consistent with the Ministry of Health and Long Term Care, Basic Life Support Patient Care Standards, Section (A),¹ the paramedic will:
 - “On arrival at scene, *perform an assessment of the environment*. Park the ambulance in a safe place, as close to the point of patient contact as possible. Identify obvious and potential hazards to the patient (s) and crew. Where appropriate, identify routes of entry and exit, e.g. for multiple patient incidents; for potential violence or confrontation.
 - “Secure the environment if assessment indicates there is no danger to self or others.
 - “If danger exists, or there is uncertainty regarding personal and / or patient safety, request assistance from allied emergency services personnel/agencies and leave the immediate area.”
2. Paramedics will use reasonable judgement based on specific, available information when choosing to delay provision of service. When performing an *assessment of the environment* to determine potential hazards to patient(s) and/or crew, Paramedics are reminded of their responsibility under the *Occupational Health and Safety Act*, Section 43, (1) and (2).² These sections exclude paramedics from the right to refuse work where the circumstances are inherent in their work and/or if the work refusal would directly endanger the health and safety of another person. These sections do not preclude a decision to *delay* the provision of service if there is a legitimate risk such as the use of weapons or continuing violence or other hazards at the scene.

The decision to delay EMS service must include recognizing and evaluating the reasons for problematic patient behaviour—such as metabolic causes of

¹ “Basic Life Supports (BLS) Patient Care Standards”, Emergency Health Services Branch, Ministry of Health and Long-Term Care, Version 2.0, January 2007

² *Occupational Health and Safety Act*, R.S.O. 1990, CHAPTER O.1

combative behaviour—to ensure staff are not jeopardizing the patient’s life, health or safety.

On-Scene Procedures

In proceeding to making patient contact, paramedics will;

1. Continuously seek information with which to assess the safety of the patient and scene, using the Operational Service Delay Incident Report and Checklist as appropriate.

Assessment procedures should include but not be limited to:

- Driving by the patient’s location;
- Talking with bystanders;
- Making verbal contact by apartment lobby intercom devices;
- Accessing any additional resources e.g. local security personnel

2. Not enter a scene until the appropriate agency has arrived in circumstances involving;

- the use of weapons at the scene;
- continuing violence at the scene;
- fire / hazardous materials

Or if directed to delay by Police, Fire or EMS management.

3. Immediately notify the Central Ambulance Communications Centre (CACC) of any situations which may affect their ability to respond to the patient.

4. Establish contact on a radio Talk Group (channel) identified by CACC. Ensure both vehicle and portable radios remain on assigned talk group until directed to change. Once contacted by the assigned Operations Supervisor, paramedics will communicate their reasons for delaying service.

5. Provide updates to CACC every 10 (ten) minutes.

6. Immediately notify CACC when Police, Fire or any allied service arrive on scene.

7. Immediately notify CACC when the decision is made to access the scene.

8. Submit an Operational Service Delay Incident Report and Checklist outlining their actions by end of the shift or as directed to by the Operations Supervisor.